California Council of Community Mental Health Agencies: Recommendations to the California Board of Behavioral Sciences Regarding Marriage and Family Therapy Curriculum

Background

The California Council of Community Mental Health Agencies (CCCMHA) is a statewide trade association whose members are the primary providers of mental health and substance abuse services in California. CCCMHA Executive Director Rusty Selix was the lead author of Proposition 63 and, from its inception, association members had a strong role in shaping and supporting the legislation. The passage of Proposition 63 substantially changed the mental health landscape in California, creating both a critical workforce shortage and the demand for a new kind of practitioner. In response to growing concerns about the workforce provider shortage, the CCCMHA Public Policy Committee initiated a process to obtain information from the employers' perspective that could lead to proposed changes in the education and training of Marriage and Family Therapists (MFTs).

With ongoing implementation of the Mental Health Services Act, the California public mental health system is in a process of major and comprehensive transformation. Informal discussions with employers indicates that new competencies in educational programs and revised provider training is needed on a multidisciplinary level (consumer advocates to Ph.D.) and not just for MFTs. At the state level, joint efforts are currently underway to identify the cross-cutting competencies that pertain to the provision of treatment services in public mental health, regardless of provider discipline or level of education. These efforts, led by the California Department of Mental Health and the California Mental Health Planning Council, will result in the designation of overarching competencies that transcend the individual disciplines. Recognition of the unique skills and training within each discipline can then be "plugged into" a comprehensive continuum of care in relation to both the desired processes and outcomes of treatment.

In California, public mental health employers commonly link the education and training of MFTs with a somewhat general education in preparation for private practice. There is confusion about the unique skills and training of MFTs, which results in employers' questions about how or whether they can effectively fit into the public mental health system of care. This confusion makes perfect sense in California, considering the multitude of diverse graduate school educational programs that produce Marriage and Family Therapists in our state. In all other states, it is clearly understood that a Marriage and Family Therapist is trained in various forms of theories and methods stemming from a model of understanding human interaction called *Systems Theory*.

Central Connecticut State University introductory material explains: "Systems theory is an integrated set of concepts which describes how each person is interconnected with his or her context in very complex ways, and looks at the individual as simultaneously a whole entity and as part of a larger system. Systems theory holds that individuals function in relation to others and in relation to a set of circumstances that dictate how each person is to react. The MFT professional must have competence in case management procedures, including referral skills, coordination skills, and communication skills. Marriage and Family Therapy is an active approach toward intervention, and often requires that the MFT extend his or her work outside the boundaries of the consultation room during the Clinical Hour. Such activities as home visits,

conferences with teachers, visits to the probation department, coordination of treatment planning meetings with other professionals involved with a case, and many other tasks are often part and parcel of the work of the MFT. Such is in keeping with the principles of systems theory and the understanding of the complex interrelationships among parts of a system."

Clearly, MFTs who are a product of education and training solidly based in systems theory are prepared to work in public mental health. Unification of MFT graduate school programs to incorporate a strong systems perspective would enable California public mental health employers, as well as future MFTs, to clearly understand the role of this discipline within the larger continuum of care.

CCCMHA Membership Survey

CCCMHA developed and conducted a membership survey for the purpose of obtaining employer opinions that could lead to proposed changes in MFT curriculum. The recommendations that follow are based on survey results as well as discussions among members regarding employment of MFTs in public mental health.

The CCCMHA Employer Survey (***Attachment A***) was designed to provide information regarding specific competencies as well as to elicit employers' opinions and comments about MFT preparedness in relation to their agencies' workforce needs. To provide additional information, agencies were also invited to include a job description for licensed clinicians.

Within the CCCMHA Employer Survey, Section A contains a list of relevant competencies extracted by the Los Angeles Consortium MFT Competencies Committee from a diversity of sources including: BBS standards (state); Council for the Accreditation of Counseling and Related Educational Programs standards (national); American Association for Marriage and Family Therapy Core Competencies (national); California Mental Health Planning Council, Human Resources Committee DACUM (state competency profile); CalSWEC Mental Health Core Competencies (state). A checklist was developed for Section A, enabling respondents to categorize specific competencies as follows: Belongs in Education Program; Best Provided by On-the-Job Training; Continuing Education Needed in This for Current Staff; Non Applicable. Respondents were able to check more than one category for each competency. Sections B – D incorporated an open-ended format and Sections E – F included short-answer response categories.

Attachment B contains the survey responses, reporting percentages for Section A, followed by a composite of the open-ended and short-answer responses in Sections B – F. ***Attachment C*** contains copies of a few of the job descriptions submitted by agencies.

Summary of Survey Results

Responses were received from 26 member agencies representing a total number of 5485 employees, 1381 positions available for MFTs and a collective budget of $182,070,554.

CCCMHA members are not in a position to recommend specific changes in graduate school curriculum or supervised training; however, the employers surveyed are the experts in relation to designation of the education and training that will prepare MFTs to function competently within their agencies.

Competency Break-Out Results:

- In the categorization of specific competencies, there was solid consensus of responses on several items. Over 80% of the respondents agreed that the following belong in those educational programs seeking to prepare MFTs for employment in the public mental health system:

Competency 1: Solicit and use client feedback throughout the therapeutic process. (92%)

Competency 2: Evaluate individuals needs for appropriateness for treatment within professional scope of practice and competence. (81%)

Competency 3: Demonstrate knowledge of the experiences of immigrants, refugees and victims of torture and the impact of these experiences on individuals, families and succeeding generations. (81%)

Competency 4: Understand recovery-oriented behavioral health services. (88%)

Competency 12: Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit. (100%)

Competency 15: Respect multiple perspectives (e.g., clients, family, team, supervisor, practitioners from other disciplines involved in the case). (85%)

Competency 16: Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships. (85%)

Competency 18: Integrate dual diagnosis treatment. (88%)

Competency 19: Knowledge of the principles underlying recovery supportive practice. (92%)

Competency 20: Understand and monitor issues related to ethics, laws, regulations, and professional standards. (96%)

Competency 23: Understand the developmental, intergenerational and life cycle approach to community mental health practice transculturally. (96%)

Competency 24: Understanding of the impact of mental illness and substance abuse on the consumer and family members at all stages of the life cycle. (96%)

Competency 25: Critique professional research and assess the quality of research studies and program evaluation in the literature as it relates to guiding principles. (88%)

Competency 32: Ability to write chart notations that accurately reflect the intervention, goal and result, assist in making future decisions, support billing, reflect the role of the client in the treatment process and choices of goals and treatment activities. (85%)

Competency 33: Understanding the concept of evidenced based treatment; development of evidence to evaluate promising practices. (88%).

- Similarly, there was solid consensus regarding the competencies, best provided by on-the-job training, including:

Competency 6: Develop with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans. (85%)

Competency 7: Work collaboratively with stakeholders, including family members, other significant persons and professionals who are significant to the client. (81%)

Competency 8: Advocate in partnership with clients in obtaining quality of care, appropriate resources, and services in the community. (92%)

Competency 10: Assist clients and family members to understand and navigate the public mental health system. (96%)

Competency 11: Participate in quality assurance. (96%)

Competency 13: Empower clients and their relationship systems to establish effective relationships with each other and larger systems. (85%)

Competency 14: Provide psychoeducation to clients and families whose members have serious mental illness or other disorders, including information about wellness and recovery. (88%)

Competency 15: Respect multiple perspectives (e.g., clients, family, team, supervisor, practitioners from other disciplines involved in the case). (85%)

Competency 17: Assist in obtaining and maintaining educational and vocational goals (85%)

Competency 22: Provide education in parenting skills and/or foster parenting skills (85%)

Competency 28: Complete billing procedures and charting documentation to support billing. (96%),

Competency 29: Handle consumer family complaints and grievances (96%)

Competency 31: Understand Medi-Cal, Medicare and Social Security eligibility. (81%)

Competency 32: Ability to write chart notations that accurately reflect the intervention, goal and result, assist in making future decisions, support billing, reflect the role of the client in the treatment process and choices of goals and treatment activities. (96%).

<u>Open-Ended Responses</u>

A review of the open-ended responses confirms that employers commonly perceive MFTs as being trained for private practice rather than community work. Consistent themes emerged in relation to the skills, knowledge and attitude that public mental health system employers look for, including:

- Preparation for community based practice and environment.
- Ability to work in an interdisciplinary team.

- Willingness to provide services to clients in their natural settings, such as home, school, church, etc.
- Sensitivity to and knowledge of the special conditions, ethnic and cultural characteristics of the diverse populations in need of treatment.
- Willing to work with consumers and their families in a joint treatment process.
- Ability to diagnose and then use these diagnoses in the development of treatment plans and the implementation of service delivery.
- Ability to document services in the form of clear, concise progress notes and reports in a manner that meets agency deadlines and government standards.
- Substance abuse training.
- Exposure to evidence based practice, outcome and evaluation.

Recommendations

As a discipline, Marriage and Family Therapists comprise the largest number of licensed mental health professionals in the state of California. Facing a critical workforce shortage, public mental health agencies want to perceive and include MFTs as strong candidates for employment. Based on the survey responses, CCCMHA has developed the following recommendations:

- Marriage and Family Therapists who receive solid and predominant training in Systems Theory will have a clinical perspective that is relevant to the provision of treatment in public mental health.

- To ensure that employers eventually gain confidence in MFT preparedness, it is recommended that revisions be incorporated in graduate school curriculum and in licensure requirements to secure equal status among licensed professionals in relation to employability in the public system. Changes at this fundamental level will provide valuable benefits in response to the increasing workforce needs as well as to the MFT profession.

- MFT curriculum must embed and continuously address the following essential elements:
    - Focus on wellness, recovery, resilience
    - Cultural competence
    - Consumer/family driven services
    - Consumer/family members integrated throughout the mental health system
    - Community collaboration.

- Beyond skills and knowledge, employers look for a personal attitude that encompasses the spirit of the Mental Health Services Act: teamwork; inclusiveness; respect; belief in recovery. They are seeking potential employees who will do “whatever it takes” in order to provide whatever it takes. While it may seem quite challenging to teach attitude, it is possible to model, within educational programs, a system built on a spirit of inclusion and respect, by opening up the classroom to non-traditional teachers and methods of instruction. Educational programs can be developed to simulate the environment that MFTs will be entering into if they choose to work in the public system. It is recommended that graduate school programs incorporate additional subject matter material as well as revised methods of instruction designed to provide students with the skills, knowledge and attitudes that employers have indicated would adequately prepare MFTs to work in public mental health.

- Given the ongoing transformation of treatment services in public mental health, employers are faced with a multitude of training and retraining needs that pertain to the current as well as the future workforce. Employers recognize that even those providers historically perceived as trained to work in the public system lack adequate preparation in this continually evolving treatment environment. Employers recognize that their staff training needs are all encompassing. CCCMHA representatives are paying close attention to the CiMH Recovery Medi-cal Discussion Project. CiMH is presently developing curriculum with County and Agency supervisors/lead staff and QI managers who will be attending "Train-the-Trainers" sessions at the regional level. The material will provide content modules designed to promote person-centered, culturally competent work that can survive the scrutiny of Medi-Cal audits. To ensure for relevance and credibility, CCCMHA recommends that any additional specialty training for MFTs be provided in multidisciplinary settings and offered directly through the state mental health system, the counties, or their contracted agencies.

For questions, comments or suggestions, you may contact:

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